



Secretary of State

Professional Licensing Boards Division

**GEORGIA BOARD OF EXAMINERS
OF LICENSED PRACTICAL NURSES**

237 Coliseum Drive

Macon, Georgia 31217-3858

(478) 207-2440

MEMORANDUM

Proposed New Practical Nursing Education, Satellite or Evening Programs

Applications for proposed new practical nursing education programs, including new applications for new satellite and evening programs, must submit documentation to verify that they are under the control of the **Technical College System of Georgia** (TCSG), formally the Georgia Department of Technical and Adult Education (G.D.T.A.E.), the **Georgia Department of Education** (G.D.E.), or **Board of Regents of the University System of Georgia** (BOR/USG), formally the Georgia Board of Regents (G.B.R.), **and** have accreditation by either or both the **Council on Occupational Education** (C.O.E.), or the **Commission on Colleges of the Southern Association of Colleges and Schools** (C.O.C.S.A.C.S.).

The above stated requirement **must be met** before proposed programs will be allowed to proceed in the New Practical Nursing Education Program Development process.

Therefore, please complete the "Response from a Proposed New Practical Nursing Education Program" form and return it to the Georgia Board of Examiners of Licensed Practical Nurses for review. This is the first step in the development process. Upon satisfactorily meeting these requirements, you will be sent the developmental forms pursuant to board rules. The application fee of **\$750.00** will be due upon submission of the developmental forms.

Sincerely,

THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Rev: August 15, 2008

**THE GEORGIA BOARD OF EXAMINERS
OF LICENSED PRACTICAL NURSES**

237 Coliseum Drive
Macon, Georgia 31217
www.sos.state.ga.us/plb/lpn
478-207-2440

**RESPONSE FROM A PROPOSED NEW PRACTICAL NURSING EDUCATION PROGRAM
AND DOCUMENTATION REGARDING RULE 400-3-.02 (1).**

Directions: Complete the following by filling in or checking the appropriate blanks, attaching copies of the official verifying documentation, and, return all information and this completed form to the Board at the above address.

Our sponsoring agency for the *proposed* ____ new practical nursing education program, ____ new satellite, or ____ new evening program (please check one):

(Program's Name) _____,

at (Address) _____,

is under the control of

- _____ The Technical College System of Georgia
- _____ The Georgia Department of Education, or
- _____ The Board of Regents of the University System of Georgia;
- _____ None of the above.

In addition, the sponsoring agency is accredited by either or both

- _____ The Council on Occupational Education (C.O.E.), or
- _____ The Commission on Colleges of the Southern Association of Colleges and Schools (C.O.C.S.A.C.S.)
- _____ Neither of the above.

The copies of the official letters from the appropriate Department of Education and / or Accrediting Agency (Agencies) are ATTACHED.

Please note that Georgia law requires that theory and clinical instruction of practical nursing in Georgia must be under the written approval and authorization of the Georgia Board of Examiners of Licensed Practical Nurses.

Form was completed by:

Signature _____

Printed Name: _____

Title: _____

Address: _____

Phone: _____

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